

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO. **107009024** FILING DATE **11 MAR 2002**
APPLICANT(S) *Dees*

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1							51						
2							52						
3							53						
4							54						
5							55						
6							56						
7							57						
8							58						
9							59						
10							60						
11							61						
12							62						
13							63						
14							64						
15							65						
16							66						
17							67						
18							68						
19							69						
20							70						
21							71						
22							72						
23							73						
24							74						
25							75						
26			/				76		/				
27				/			77						
28				/			78						
29				/			79						
30				/			80						
31				/			81						
32				/			82						
33				/			83						
34			/				84						
35				/			85						
36				/			86						
37				/			87						
38				/			88						
39				/			89						
40			/				90						
41				/			91						
42			/				92						
43				/			93						
44				/			94						
45				/			95						
46				/			96						
47				/			97						
48				/			98						
49				/			99						
50				/			100						
TOTAL IND.			4				TOTAL IND.						
TOTAL DEP.			31				TOTAL DEP.						
TOTAL CLAIMS			35				TOTAL CLAIMS						